
A. Appendix A — Letter and Well Survey

May 19, 2003

Dear Resident:

The Washington State Department of Health is requesting information on drinking water wells in your area. We need this information to determine whether all drinking water wells have been identified near the Boomsnub/Airco Superfund site where contaminated groundwater exists.

Information about your well will not be used for any other purpose and will be available to the public only by formal request. Your participation in this survey is voluntary. You will not lose any services or benefits if you choose not to participate. If you do use a private well, your participation will allow us to assess the need for sampling and, if necessary, evaluate sample results.

Please take a few minutes and fill out the enclosed form and return it to us by June 16th. We ask that you fill it out regardless of your water source so that we know you have received this request. We have included a self-addressed stamped envelope for your convenience.

If you have any questions, please do not hesitate to call me toll-free at 1-877-485-7316 or (360) 236-3376. Your cooperation is appreciated.

Sincerely,

Lenford O'Garro
Public Health Advisor
Site Assessment Section

Office of Environmental Health Assessments

Washington State Department of Health

Enclosure (Survey)

Boomsnub/Airco Neighborhood Water Well Survey

Please answer all questions on the survey. Thank you.

We will contact you if you have a well that should be tested.

1. Your name:

2. Your *physical* address:

(Please make address corrections directly on this form)

3. Your telephone number: __

What are the best times to call you? __

4. Property Information: Parcel # and Site or Legal Address:

(Label with address and parcel #)

5. What is your source of tap water? (**check only one**)

- _____ No Water Source Present
- _____ Municipal (city) water system
- _____ Small community (neighborhood) water system
- _____ Private well (serving 1 or 2 houses)
- _____ Don't know

Water system name:

Operator's name:

Operator's phone #:

If you use a private well, please indicate:

Name of well owner: _____ Phone #: _____
(if someone else)

Location of the well (for example, "100 feet behind my house" or "behind the house at 2011 Oak Rd.")

Well depth: _____ Year drilled: _____

Please Return Survey by June 16 to: Lenford O'Garro, Department of Health, PO Box 47846,
Olympia, WA 98504

If you have questions call 1-877-485-7316 or 360-236-3376